MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-004758
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS.300 Rev. 4/59

1 0975
2 0971x
3
4 1
5 2
6
7 0
8 2
9 331X
10
11
12 1-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 3

FILED JAN 14 1963

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL — Length of stay in 1b: 5½ HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBON HOSPITAL — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN SLATER — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 335 N. PORTER — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MAE Middle REGINA Last FLYNN

4. DATE OF DEATH Month JAN. Day 6 Year 1963

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH OCT. 21, 1882
9. AGE (last birthday) 80
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) WENTZVILLE MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME PHILLIP RYAN
13b. MOTHER'S MAIDEN NAME ANNA SCANLAN
14. NAME OF HUSBAND OR WIFE WM. P. FLYNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT Address WILLIAM FLYNN, SLATER, MO.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Essential hypertension — several years.
DUE TO (c) Generalized arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1962 to Jan. 6 1963 and last saw her alive on Jan. 1963 – SK
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. McBurney M.D.
22b. ADDRESS Slater, Mo.
22c. DATE SIGNED 1-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN 8, 1963
23c. NAME OF CEMETERY OR CREMATORY SLATER
23d. LOCATION (City, town, or county) (State) SLATER MO.

24. FUNERAL DIRECTOR ADDRESS HAINES FUNERAL HOME, SLATER, MO.
25. DATE RECD. BY LOCAL REG. Jan 8 - '63
26. REGISTRAR'S SIGNATURE Cecil L. Read

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.